



# **Grant Cycle 8**

## **Enabling Impact: Tackling Human Rights & Gender Barriers to Accessing Services**

Issued 17 April 2026

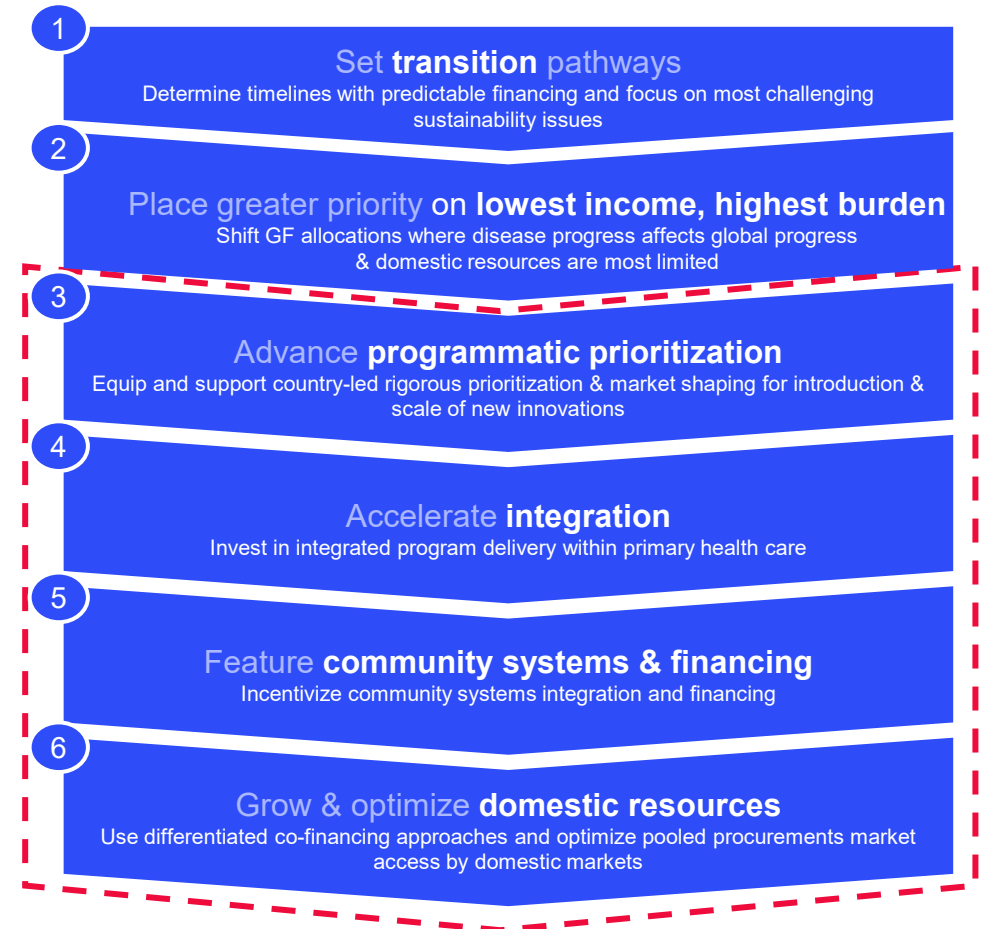
Updated 17 April 2026

# Context & purpose of this GC8 guidance

The health financing landscape is changing, and countries face an urgent need to prioritize limited resources, strengthen sustainability and focus investments where they will have the greatest impact. In response, the Global Fund's February 2026 Board meeting introduced the GC8 Strategic Shifts.

This guidance on *Enabling Impact* includes **5 components** and serves as a companion tool to the HIV, TB, Malaria and RSSH *Prioritization Guidance*, with direct links to the Modular Framework. As diverse and reinforcing topics, each component expands upon principles, focus and prioritized approaches to drive results in GC8.

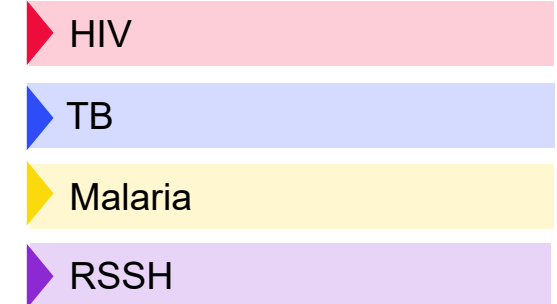
*Enabling all shifts, with an emphasis on 3, 4, 5 and 6*



# How to use this guidance

- The cross-cutting Enabling Impact Guidance is based on **evidence-based normative and technical guidance** from across the partnership and includes relevant references.
- It complements the Global Fund's Modular Framework Handbook, which describes the interventions eligible for Global Fund investments, and the Prioritization guidance, which lays out overall priorities for GC8 and prioritization considerations for HIV, TB, malaria and RSSH.
- The Enabling Impact Guidance informs **country-led decision-making** on how to maximize the impact of Global Fund resources, used together with National Strategic Plans to ensure alignment with overall spending plans, including domestic resources and external funding from other sources.
- Each section of this guidance includes considerations for cross-cutting interventions and priorities to increase the impact of efforts to fight HIV, TB and malaria and strengthen resilient and sustainable systems for health.
- This document will be updated as necessary to reflect innovations and changes in technical guidance.

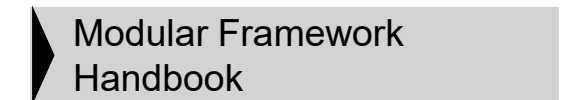
## *Prioritizing Investment*



## *Enabling Impact*



## *Programming & Monitoring for Results*





**In GC8, the Global Fund continues to focus efforts on the people most at risk for HIV, TB and malaria, who often live in the poorest and most marginalized communities. Women and girls, key populations and other marginalized groups often face a range of barriers to accessing lifesaving health services.**

**Tackling human rights and gender-related barriers that prevent people from accessing health services remains critical to delivering effective interventions. Even the most powerful biomedical innovations are of little use if those who need them the most cannot access them.**

- ✓ **Emphasizes** the use of barrier assessments to prioritize and select evidence-based interventions that improve universal access to HIV, TB and malaria services.
- ✓ **Outlines** how to move beyond one-off activities toward targeted, evidence-based interventions that address the main structural barriers, including human rights and gender-related barriers, to accessing services.
- ✓ **Reinforces** that Global Fund investments should be integrated both in disease-specific interventions and in cross-cutting RSSH interventions to reduce barriers to accessing services for those most affected.

# Evidence informed investment is responsive to country context and central to impact

**Develop an assessment\*.** Describe gaps and barriers to equitable access and effectiveness of HIV, TB and malaria programs.

▶ **Use findings to inform evidence-based investment.** Select interventions that address identified gaps and barriers to life-saving services to those most at risk of HIV, TB and Malaria.\*\*

▶ **Invest, reinforce and monitor.** Include indicators that are responsive to the barriers to life-saving services.\*\*\*

*Contexts are diverse so there is no template – key areas to include:*

- ❑ Analysis of barriers/gaps to HTM/RSSH services and health outcomes across different populations.
- ❑ Description of key factors (social, structural, environmental, etc.) that influence HIV, TB and malaria outcomes.
- ❑ Summary of human rights- and gender-related barriers to accessing life-saving services.
- ❑ Outline of existing costed strategies and actions to address gaps.
- ❑ Overview of how communities were engaged in the assessment.

\*Required for high-impact portfolios and recommended for all to inform evidence-based investment through intervention selection.

\*\*Required for all portfolios. \*\*\*Required for all high-impact and core portfolios.

# In GC8, tackling human rights and gender-related barriers to HTM service is informed by core principles and standards

## Put communities at the center

*Ensuring leadership & engagement for impact, sustainability and accountability*

## Move from one-off to comprehensive

*Integrating strategies for sustainable, dedicated funding including from domestic resources*

## Use integrated approaches

*Leveraging interventions from the modular framework, but programming them through integrated systems*

## Strengthen local expertise

*Engaging local institutions & systems to equip for potential increased service provision (e.g. social contracting)*

## Strengthen coordination & financing

*Improving sustainability through joint action plans, shared budgeting & reduced duplication*

## Ensure robust M&E and learning

*Enabling continuous improvement, accountability and scalable, high quality interventions*

## Embed safety & security

*Maintaining life-saving service continuity by protecting health workers, community cadres and service users, including digital safety and confidentiality*

## Align with existing human rights standards\*

*Embedded throughout grant documentation and regulations to ensure life saving impact*

\*Pursuant to the Global Fund Grant Regulations (as amended from time to time), these include:

(i) non-discriminatory access to services for all; (ii) employ only scientifically sound and approved medicines or medical practices; (iii) not employ methods that constitute torture or that are cruel, inhuman or degrading; (iv) respect and protect informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered; and (v) avoid medical detention and involuntary isolation, which, consistent with relevant WHO guidance, are to be used only as a last resort.

For more, visit the [Global Fund human rights website](#) and the [OIG reporting mechanism](#).

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	Expanding access to quality and discrimination-free health care	<p><b>Areas prioritized for GF investment</b></p> <ul style="list-style-type: none"> <li>• Ensure non-discriminatory provision of health care, by making health systems and services welcoming, inclusive, caring and supportive for all, through:               <ul style="list-style-type: none"> <li>• Generating evidence from research, assessments, program evaluations and periodic monitoring to design, adapt, and quality assure services and assess health care provider knowledge and attitudes related to stigma, discrimination, policies and accountability mechanisms.</li> <li>• Health workforce capacity, standards and institutional policies: Development and integration of people-centered service content and training materials into pre and in-service curricula for all health care providers (including community health workers and peer cadres), with specific capacity building on patient rights, non-discrimination, duty of care, informed consent, confidentiality and privacy, and prevention and response to violence (including sexual exploitation, abuse and harassment).</li> <li>• Development of institutional policies, patients' rights charters and facility-level accountability mechanisms.</li> <li>• Community-facility collaboration and linkages: Collaboration mechanisms between health facilities and community-led organizations. Engaging paralegals in health facilities to provide onsite navigation of access barriers to health and social services; referral networks and resources to address barriers to services and connect beneficiaries to health and social services. Community actions to improve health and the quality of social services. Peer mobilization, support groups and media engagement to provide factual information to reduce stigma and discrimination in access to health services.</li> </ul> </li> <li>• Reduce stigma and discrimination affecting access to HTM services through actions at the individual, household and community level, in the workplace, education, emergency and humanitarian settings, such as:               <ul style="list-style-type: none"> <li>• Addressing internalized stigma, stigma and discrimination in communities, through counseling, community mobilization, sensitization and dialogues and responsible media outreach.</li> </ul> </li> </ul>

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	Expanding access to quality and discrimination-free health care	<p><b>Opportunities to increase optimization &amp; efficiency</b></p> <ul style="list-style-type: none"> <li>• Optimize capacity building by integrating non-discrimination, key population and gender competencies in relevant capacity building activities for health care providers through the HRH module.</li> <li>• Leverage existing efforts to make workplaces and education settings discrimination-free through zero-tolerance anti-discrimination policies and establishing clear reporting, redress and accountability procedures.</li> <li>• In COE settings and other high-risk contexts, address stigma and discrimination as access barriers to health by ensuring focus on HIV, TB and malaria in national emergency plans, supporting CLOs to adapt quickly to address the needs of key and vulnerable populations (KVP), working with humanitarian clusters to ensure access to healthcare and prevent, monitor and respond to violence and abuse.</li> <li>• Leverage national human rights mechanisms and actors, such as national human rights institutions, for increased efficiency and optimization of investments in addressing human rights barriers to health services across the three diseases.</li> <li>• Integrate programs to address human rights barriers to HIV, TB and malaria services into broader efforts, such as community-led advocacy for legal and policy reforms on age-of-consent and third-party consent requirements, and sexual and reproductive health to enhance accessibility to services and their optimal quality.</li> <li>• Integrate interventions to remove human rights-related barriers to health services as part of the package for the introduction of innovative tools for prevention and treatment.</li> </ul> <p><b>Activities of lower priority (context dependent)</b></p> <ul style="list-style-type: none"> <li>• Deprioritize activities focusing on addressing stigma and discrimination in education settings, such as institutional support for educators and school dialogues and procedures to handle conflict/bullying.</li> <li>• Deprioritize activities focusing on stigma and discrimination in workplace settings, such as providing training to workers on their rights within the workplace, tools and services for redress.</li> </ul>

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	Improving legal literacy and legal support related to health services	<p><b>Areas prioritized for GF investment</b></p> <ul style="list-style-type: none"> <li>• Implement community-level Know Your Rights and legal literacy sensitization. Capacitate peer educators and outreach workers and strengthen linkages with peer support groups.</li> <li>• Provide training for key populations, community networks and implement safety and security in accessing health services, data privacy and protection, protection from online harm and safe access to health information and services online. Promoting and increasing safety and security of providers and users of KVP services through security assessments, workshops and trainings; developing and implementing security frameworks, standard operating procedures and plans; and securing program data and users' data.</li> <li>• Provide legal information, referrals and advice related to accessing HIV, TB and malaria services and responses to sexual and gender based violence, including through legal services and pro-bono legal networks; recruitment, training, certification and support for community paralegals; engaging national legal aid entities and other organizations and clinics to expand health-related legal services; crisis response and rapid response mechanisms, hotlines, emergency funding; building linkages from patients' rights violations monitoring to legal counselling and support.</li> <li>• Support alternative and community-based dispute resolution mechanisms and engagement with traditional leaders, customary law and traditional legal systems; and strategic cases on regulations, laws and policies that hinder access to HIV, TB and malaria services.</li> </ul> <p><b>Opportunities to increase optimization &amp; efficiency</b></p> <ul style="list-style-type: none"> <li>• Leverage mainstream human rights organizations and efforts by others working to advance patient rights, informed consent, confidentiality and protection of personal data, as well as human rights principles such as meaningful community engagement and non-discrimination in accessing health services.</li> </ul> <p><b>Activities of lower priority (context dependent)</b></p> <ul style="list-style-type: none"> <li>• Avoid stand alone awareness-raising events, commemorative days.</li> <li>• Financing for in-house legal and advocacy personnel</li> </ul>

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
<p>Reducing Human Rights-related Barriers to HIV, TB and Malaria Services</p>	<p>Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services</p>	<p><b>Areas prioritized for GF investment</b></p> <ul style="list-style-type: none"> <li>• Use legal and policy analysis and monitoring related to HIV, TB and malaria service delivery. Monitoring of legal, regulatory and/or policy frameworks which impact access to HIV, TB and malaria services and development/implementation of action plans for reform.</li> <li>• Ensure community leadership: Engagement of communities, community-led and community-based networks, and civil society to provide inputs on the impact of laws, regulations and policies, and law enforcement, on access and HIV, TB or malaria service delivery to communities. Engagement and capacity-building for community leaders to monitor, review and provide feedback on such laws, regulations and policies.</li> <li>• Engage with ministries and institutions (justice, interior, corrections, finance, industry, labor, education, immigration, housing, gender, health, trade and other sectors, as well as religious and traditional leaders), which support laws and policies that respect the right to non-discriminatory healthcare and HIV, TB and malaria services and uphold health-related digital rights, including data privacy, protection from online harassment and discrimination, and access to digital platforms for health information and services.</li> <li>• Provide input into the development of curriculum and materials and training of law enforcement officials (police, judges, prison staff) on the importance of access to non-discriminatory HIV, TB and malaria services. Assessment of attitudes of police, judges and prison staff (including pre- and post-intervention). Structured engagement of communities in policing and prison settings to facilitate access to health services.</li> </ul> <p><b>Opportunities to increase optimization &amp; efficiency</b></p> <ul style="list-style-type: none"> <li>• Support integrating efforts on HIV, TB and malaria-related legal and policy frameworks within the work of broader national human rights mechanisms and institutions.</li> <li>• Optimize capacity building by integrating non-discrimination, key population and gender competencies in relevant pre-service and in-service capacity building activities for law enforcement, judges and lawyers to address barriers to accessing health services.</li> </ul>

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services	<p><b>Activities of lower priority (context dependent)</b></p> <ul style="list-style-type: none"> <li>• Avoid developing new disease-specific legal and policy frameworks, institutional policies and reporting mechanisms, where existing ones can be strengthened.</li> <li>• Avoid conducting sensitization events that are not clearly linked with broader efforts to improve the legal and policy environment or enforcement with respect to addressing barriers to health services.</li> </ul>

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
<p>Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</p>	<p>Addressing gender discrimination, and norms that pose a barrier to HIV, TB and malaria services</p>	<p><b>Areas prioritized for GF investment</b></p> <ul style="list-style-type: none"> <li>• Make health services safe, respectful and responsive to the needs of women and girls:             <ul style="list-style-type: none"> <li>• Train health providers on respectful and non-discriminatory care, confidentiality, informed consent, and the specific health needs of women and adolescent girls.</li> <li>• Adapt service delivery arrangements to improve privacy, dignity and safety, including confidential consultation spaces, a choice of female providers where feasible and safety measures to protect women and girls from violence within facilities.</li> <li>• Establish or strengthen safeguarding, complaints and feedback mechanisms so women and girls can report concerns and help improve service quality.</li> </ul> </li> <li>• Support women-led organizations to provide peer outreach, community spaces, educational training and linkages to health and social services, to strengthen the provision of trusted health information, care-seeking, access and continued use of health services.</li> <li>• Facilitate structured peer, couples and group dialogue to strengthen women and girls' health decision-making agency and ability to seek health care for themselves and their children (e.g., approaches to strengthen women's uptake of antenatal care (ANC)).</li> <li>• Provide group and peer education for men and boys to improve health-seeking behavior and treatment adherence for themselves and their families, and to support healthy relationships and violence prevention.</li> </ul> <p><b>Opportunities to increase optimization &amp; efficiency</b></p> <ul style="list-style-type: none"> <li>• Use data and evidence from gender and human rights assessments to identify and address the most critical gender-related barriers to services.</li> <li>• Ensure the meaningful engagement of communities that experience gender discrimination in the design and delivery of services to ensure they are relevant and more likely to be used.</li> <li>• Prioritize ANC as a key integration platform to strengthen delivery of HIV, malaria and broader women and child health services.</li> <li>• Strengthen multisectoral coordination and collaboration to address gender-related vulnerabilities and barriers to services that sit outside the health sector, including through referral pathways and joint action across education, social protection, livelihoods and justice systems.</li> </ul>

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
<p>Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</p>	<p>Addressing gender discrimination, and norms that pose a barrier to HIV, TB and malaria services</p>	<ul style="list-style-type: none"> <li>• Promote blended financing and co-investment with other funders to expand integrated approaches that specifically address gender-related barriers to health services and associated health outcomes, for example, through social protection support for AGYW at risk of HIV or pregnant and breastfeeding women with TB.</li> <li>• Integrate promotion of gender norms that encourage healthy behaviors related to HIV, TB and malaria into existing health outreach and education programs, where this can be done with quality.</li> </ul> <p><b>Activities of lower priority (context dependent)</b></p> <ul style="list-style-type: none"> <li>• Avoid one-off activities, as they should not be deployed for norms change interventions, as these require structured and sustained approaches.</li> </ul>

# Prioritization approach & considerations

Module	Interventions	Prioritization considerations
<p>Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</p>	<p>Preventing and responding to violence against women and girls</p>	<p><b>Areas prioritized for GF investment</b></p> <ul style="list-style-type: none"> <li>• Integrate intimate partner violence identification, first-line support and care and post-rape care into HIV prevention, testing, treatment and care services. Where feasible, integrate into other services that women and girls often use, including ANC.</li> <li>• Support policies, protocols and training for health care workers to identify and respond to violence.</li> <li>• Provide referral pathways to longer-term support, including case management, psychosocial support, legal services, shelters or safe accommodation.</li> <li>• Support training of trusted community actors - including women's groups, social workers, teachers, parents and local leaders - to recognize violence and provide safe and confidential referrals to the above-mentioned services.</li> <li>• Integrate education content on relationships, sexual and reproductive health and consent into existing community outreach programs.</li> </ul> <p><b>Opportunities to increase optimization &amp; efficiency</b></p> <ul style="list-style-type: none"> <li>• Integrate interventions to prevent and respond to violence as part of a coordinated, multisectoral approach to ensure resources are being deployed where they are most needed. <i>Parallel or standalone programs should be avoided.</i></li> <li>• Prioritize interventions to prevent violence against women and girls in CoEs.</li> <li>• Consider prioritizing primary violence prevention in settings where high levels of violence are driving disease risk or undermining HIV, TB or malaria outcomes, particularly for women from key populations, pregnant and breastfeeding women and adolescent girls and young women.</li> </ul>



**This guidance was developed with expertise and input across the technical partnership.**

**The guidance draws from technical resources linked here as well (*non-exhaustive*)**

### **Technical Guidance and Tools**

- Stop TB Partnership. TB Stigma Portal.
- Stop TB Partnership (2020). Gender and TB: Investment Package.
- CSIH-WCA & FHI 360 (2022) Security Toolkit: Protecting implementers and improving programme outcomes (updated version available soon)
- WHO (2013). Responding to intimate partner violence and sexual violence against women:
- WHO clinical and policy guidelines.
- WHO (2025). RESPECT women: preventing violence against women, second edition.
- WHO (2021). Caring for women subjected to violence: A WHO curriculum for training healthcare providers.
- WHO (2025). Clinical management of rape and intimate partner violence in emergencies: a training curriculum for health workers.
- WHO (2019). Consolidated guideline on sexual and reproductive health and rights of women
- living with HIV.
- WHO (2022). Consolidated guidelines on HIV, viral hepatitis and HIV prevention, diagnosis, treatment and care for key populations.
- WHO (2023). Men and HIV: Evidence-based approaches and interventions
- UNAIDS (2023). Practical Guide to Ending HIV-related Stigma and Discrimination
- UNAIDS (2023). Guidance by the Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination
- UNICEF (2025). Reaching Adolescent Girls and Young Women most in need of HIV and Sexual and Reproductive Health and Rights Services in Eastern and Southern Africa.

### **Assessment Tools**

- Roll Back Malaria. Malaria Matchbox Toolkit.
- UNAIDS. Framework and Toolkit for understanding and addressing HIV-related inequalities.
- WHO. Innov8 Approach Technical Handbook and Facilitator's Manual for reviewing national health programmes to leave no one behind
- The Global Fund. Undertaking a Rapid Assessment of Information on Human Rights-related
- Barriers to HIV and TB Services: Guidance and Tools.
- UNAIDS. Gender Assessment Tool.
- Stop TB and UNAIDS. Gender Assessment Tool for National HIV and TB Responses.
- Stop TB. TB CRG Assessment Tool
- Stop TB. TB CRG Costed Action Planning Tool
- Stop TB. TB Stigma Assessment Tool